

# RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

V A D 9 8 2 6 9 6 0 2 3

Facility Name Buckingham Correctional Center

Waste Activity Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E	<u>2</u>	<u>R</u>	<u>2/29/93</u> ✓
	N	<u>2</u>	<u>R</u>	<u>2/29/93</u> ✓
TSD	E			
	N			
Transporter	E			
	N			
Burner	E			
	N			

## Process Code Information Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

☐ IR Inspection report
 ☐ Affidavit from the facility  
☐ Revised Notification from the state
 ☐ Affidavit from the state  
☐ Revised Notification from the facility
 ☐ Biennial report  
☐ EPA clean closure certificate
 ☒ Documentation not required  
☐ State documentation certifying clean closure

Other IC w/ state  
 \_\_\_\_\_  
 \_\_\_\_\_

Date to ~~ATK~~ ATK MAY 26 1993  
 Batch # 74  
 Date QA'd JUL 21 1993

VA0982696023 VA LJS  
 ENVIRONMENTAL COORDINATOR  
 BUCKINGHAM CORRECTIONAL CENTER  
 PO BOX 430  
 DILLWYN, VA 23036



U.S. ENVIRONMENTAL  
 PROTECTION AGENCY

1992 Hazardous Waste Report

FORM  
 IC

IDENTIFICATION AND  
 CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label <input type="checkbox"/> or <u>VA0982696023</u>		B. County <u>BUCKINGHAM</u>
C. Company name Same as label <input type="checkbox"/> or <u>BUCKINGHAM COR CTN</u>		D. Has the site name associated with this EPA ID changed since 1989? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input type="checkbox"/> or <u>P.O. Box 430</u>		
F. City, town, village, etc. Same as label <input type="checkbox"/> or <u>DILLWYN</u>	G. State Same as label <input type="checkbox"/> or <u>VA</u>	H. Zip Code Same as label <input type="checkbox"/> or <u>23036</u>

**SEC. II** Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village, etc.	D. State	E. Zip Code

**III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name <u>BIRT</u>	First name <u>THOMAS</u>	M.I. <u>L</u>	B. Title <u>SAFETY OFFICER</u>	C. Telephone <u>804 983-3011</u> Extension <u>339</u>
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**SEC. IV** Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.	B.	C.	D.
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**SEC. V** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3006 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name <u>BIRT</u>	First name <u>THOMAS</u>	M.I. <u>L</u>	B. Title <u>SAFETY OFFICER</u>
C. Signature <u>Thomas L Birt</u>			D. Date of signature <u>02 28 93</u> MO. DAY YR

Page 1 of

Sec. VI - Generator Status		EPA ID NO. <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span>																																																															
<b>A. 1992 RCRA generator status</b> Instruction page 7 (CHECK ONE BOX BELOW)	<b>B. Reason for not generating</b> Page 9 (CHECK ALL THAT APPLY)																																																																
<input type="checkbox"/> 1 LOG <input checked="" type="checkbox"/> 2 SQG (SKIP TO SEC. VII) <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non generator (CONTINUE TO BOX B)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1 Never generated  <input type="checkbox"/> 2 Out of business  <input type="checkbox"/> 3 Only excluded or delisted waste           </div> <div style="width: 48%;"> <input type="checkbox"/> 4 Only non-hazardous waste  <input type="checkbox"/> 5 Periodic or occasional generator  <input type="checkbox"/> 6 Waste minimization activity  <input type="checkbox"/> 7 Other (SPECIFY COMMENTS IN BOX BELOW)           </div> </div>																																																																
Sec. VII - On-Site Waste Management Status																																																																	
<b>A. RCRA permitted or interim status storage</b> Instruction page 10  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<b>B. RCRA permitted or interim status treatment, disposal, or recycling</b> Page 10  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<b>C. RCRA-exempt treatment, disposal, or recycling</b> Page 11  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																																																															
Sec. VIII - Waste Minimization Activity during 1992																																																																	
<b>A. Did this site begin or expand a source reduction activity during 1992?</b> Instruction page 11  <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<b>B. Did this site begin or expand a recycling activity during 1992?</b> Page 12  <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	<b>C. Did this site systematically investigate opportunities for source reduction or recycling during 1992?</b> Page 12  <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																																																															
<b>D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992?</b> Page 12 (CHECK YES OR NO FOR EACH ITEM)																																																																	
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Comments:

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)  
**AUG 31 1993**

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

E. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

VAD982696023

## II. Name of Installation (Include company and specific site name)

Buckingham Correctional Center

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Gold Mine Road

Street (continued)

City or Town

State

ZIP Code

Dillwyn

Va 23936-

County Code

County Name

Buckingham

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO Box 430

City or Town

State

ZIP Code

Dillwyn

Va 23936-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Cline

Charlie

Job Title

Phone Number (area code and number)

Plant Manager

804-983-3011

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐☐

Same

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

David K Smith Warden

Street, P.O. Box, or Route Number

PO Box 430

City or Town

State

ZIP Code

Dillwyn

Va 23936-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

804-983-3011

S

S

Yes

No

ID: For Official Use Only

VAD982696023

## VIII Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	<input type="checkbox"/> 1. Off-Specification Used Oil/Fuel	<input type="checkbox"/> 1. Off-Specification Used Oil/Fuel
<input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - Indicate device(s)	<input type="checkbox"/> c. Burner - Indicate device(s)
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - Indicate device(s)	<input type="checkbox"/> Type of Combustion Device	<input type="checkbox"/> Type of Combustion Device
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> Mode of Transportation	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 3. Industrial Furnace
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil/Fuel Marketer	<input type="checkbox"/> 2. Specification Used Oil/Fuel Marketer
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> (or On-site Burner Who First Claims the Oil Meets the Specification)	<input type="checkbox"/> (or On-site Burner Who First Claims the Oil Meets the Specification)
<input type="checkbox"/> 3. Highway			
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify _____			

## IX Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes (Mark X in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24))					
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))					
D001 F003 NR					
B. Listed Hazardous Wastes (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)					
1	2	3	4	5	6
D001	F003				
7	8	9	10	11	12
C. Other Wastes (State or other wastes requiring an I.D. number. See instructions.)					
1	2	3	4	5	6

## X Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Andrea J. Chapman

Name and Official Title (type or print)

Institutional Safety Officer  
Sandra T. Chapman

Date Signed

8-6-92

## XI Comments


Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





## Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

**For Official Use Only**

### Comments

[illegible]**I. Name of Installation**

BUCKINGHAM CORRECTIONAL CENTER

## II. Installation Mailing Address

Street or P.O. Box

P O BOX 450															City or Town		State		ZIP Code	
DILLWYN															VA		23936			

### III. Location of Installation

Street or Route Number

C 5	GOLDMINE RD																			
City or Town																	State		ZIP Code	
C 6	DILLWYN															VA		23936		

#### IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

2 B I R T T h o m a s L S A F e T y 8 0 4 9 8 3 3 0 1 1

## V. Ownership

**A. Name of Installation's Legal Owner**

B. Type of Ownership (enter code)

6	DEPT	OF	CORR	ENTERPRI	S
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Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.  
☐ 2. Transporter  
☐ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☐ 5. Market or Burn Hazardous Waste Fuel  
 (enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner
- 029  
Buckingham

- ☐ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** *(transporters only — enter 'X' in the appropriate box(es))*

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

ID - F-98-269-6023		Only	
C		T/A	C
W			1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 D001	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13 F003	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Thomas L Birt</i>	Name and Official Title (type or print) <i>Safety Officer</i>	Date Signed <i>8/4/89</i>
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EPA Form 8700-12 (Rev. 11-85) Reverse

From block I completion of Name of legal owner  
Department of Correction Enterprise



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
VAD982696023

INSTALLATION ADDRESS

BUCKINGHAM CORRECTIONAL CENTER  
GOLDMINE RD  
DILLWYN, VA 23936  
CHARLIE CLINE PLANT MGR  
GOLDMINE RD  
DILLWYN, VA 23936